F HEALTH AND HUMAN SERVICES HEALTH CARL INANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TEXAMINE THANKING ADMINISTRATION	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 3 — 0 0 6	Puerto Rico
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TI	TLE XIX OF THE SOCIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	August 13, 2003	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CON	ISIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	DMENT (Separate Transmittal for each a	amendment)
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(4)(c)	7. FEDERAL BUDGET IMPACT:	
of the Act; P.L. 105-33-1902(4)(D) of the Act	a. FFY\$	
1932 (d)(3); 42 CFR 438.58	b. FFY\$\$	SEDED DI AN SECTIONI
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	OR ATTACHMENT (If Applicable)):
Page 77 of Section 4.29	Page 77 of Section 4.29	
444 October Describe	Per at his	1 (03-006) 1 ved; 02/24/04 1 the; 08/3/03
*** See Remarks	The party	(0)
	appro	ved; 02/24/04
10. SUBJECT OF AMENDMENT:	SHI	The: 08/3/03
Conflict	of Interest Provisions	, ,
GOIL LIEU C	Theorese Frovisions	
11. GOVERNOR'S REVIEW (Check One):		A COLUMN TO THE RESIDENCE OF THE PARTY OF TH
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECIFIED:	
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Not submited to Gover	nor's Office
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	TO THE FORM TO	
13. TYPED NAME.		
Johnny Rullán, MD. FACPM		
14. TITALÉ:		
Secretary of Health		
15. DATE SUBMITTED:		
September 26, 2003 FOR REGIONAL OF	FICE USE ONLY	
	18. DATE APPROVED: FEB 2 4 2	(004
PLAN APPROVED - Q	NE COPY ATTACHED	
	20. SIGNATURE OF DEGIONAL OFFIC	IAL:
08/13/2003	The 14	
	22. TILE: / Associate Reg	ional Adminstrator
Sue Kelly	Division of Medicaid and Ch	ildren's Health
23. REMARKS:		
Originally Submit approved.	tted page has been revised,	replaced and
FORM HCFA-179 (07-92) Instruction	s on Back	

New: HCFA-PM-99-3 JUNE 1999

State: [Puerto Rico]

Citation

1902(a)(4)(C) of the Social Security Act P.L. 105-33 4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of Section 1902(a)(4)(C) of the Act concerning the Prohibition against acts, with respect to any activity Under the plan, that is prohibited by section 207 or 208 of Title 18, United States Code.

1902(a)(4)(D) of the Social Security Act P.L. 105-33 1932(d)(3) 42 CFR 438.58 The Medicaid agency meets the requirements of 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act

(41 U.S.C. 423).